

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90009 018 ****61.25

DOCUMENT # N20900

1. Entity Name
ALL CREATURES WILDLIFE SANCTUARY, INC.

Principal Place of Business
**5459 SE 30TH ST
 C/O JO ANNE PEARSON
 TRENTON FL 32693
 US**

Mailing Address
**5459 SE 30TH ST
 C/O JOANNE PERSON
 TRENTON FL 32693
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **SAME**

3. Mailing Address **SAME**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2823913**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEARSON, JO ANNE
 5459 SE 30TH ST
 TRENTON FL 32693**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Jo Anne Pearson* DATE **1/20/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARSON, JO ANNE	
STREET ADDRESS	5459 SE 30TH ST	
CITY-ST-ZIP	TRENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEARSON, LORRAINE R.	
STREET ADDRESS	215 E. LOVE STREET	
CITY-ST-ZIP	MEXICO MO	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILNER, JOHN E	
STREET ADDRESS	2528 CEDRONELLA DR	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCMANUS, JOYCE M	
STREET ADDRESS	7270 NW 97TH PLACE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD AND ADD CO. = NANCY LAMBERTI	
STREET ADDRESS	P.O. BOX 472	
CITY-ST-ZIP	ALACHUA, FL 32616	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA + LOUIS SONGER	
STREET ADDRESS	2315 ARENDELL WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jo Anne Pearson* DATE: **1/20/02** DAYTIME PHONE #: **352-472-4700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)